

Memorandum

Date: April 5, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Special Operations Unit

File No.: 316.11327

Subject: CHAPTER 7 COMMAND ILLNESS AND INJURY CASE MANAGEMENT

On March 31, 2010, Sergeant Greg Crippen and Officer Bruce Gibson, conducted a Chapter 7, Command Illness and Injury Case Management Inspection, of the Golden Gate Division Special Operations Unit. All applicable inspected items were noted on the CHP 680T, Checklist. The CHP 680A, Exceptions Document, was utilized and no discrepancies were noted. Please contact Lieutenant Leslie Lazo or myself if you have further questions.



R. H. LUM, Captain
Special Services Commander

Safety, Service, and Security

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Air Ops	Division: GGD	Chapter: 7
Inspected by: Sgt Greg Crippen		Date: 3/31/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

As noted on the Inspection Checklist Golden Gate Division is responsible for a significant portion of the processing associated with CHP 121's.

1 discrepancies were noted in the Area.

Command Suggestions for Statewide Improvement:

Inspector's Findings:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Air Ops	Division: GGD	Chapter: 7
Inspected by: Sgt Greg Crippen		Date: 3/31/2010

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4-5-10
	INSPECTOR'S SIGNATURE 	DATE 4/8/10
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4.13-10

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
INSPECTION CHECKLIST
 Chapter 7
 Command Illness and Injury Case Management

Command: Air Operations	Division: Golden Gate	Number: 314
Evaluated by: Sergeant Greg Crippen		Date: 03/31/2010
Assisted by: Officer Bruce Gibson		Date: 03/31/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: 03/31/2010
<input type="checkbox"/> Follow-up Inspection			
For applicable policy, refer to: HPM 10.7			

Note: A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division
7. Does the command maintain a current OSHA 300?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM

INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division
14. Does the command maintain a current five year record of CHP 121s which is current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Maintained at Division
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM

INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Performed by Division
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Conducted by Division
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrences
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrences
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrences

Memorandum

Date: March 16, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Investigative Services Unit

File No.: 316.11327

Subject: CHAPTER 7 COMMAND ILLNESS AND INJURY CASE MANAGEMENT

On March 16, 2010, Sergeant Sam Bailey, #9917, conducted a Chapter 7, Command Illness and Injury Case Management Inspection, of the Golden Gate Division Investigative Services Unit. All applicable inspected items were noted on the CHP 680T, Checklist. The CHP 680A, Exceptions Document, was utilized and four findings were noted needing corrective action. The CHP 680A, additionally contained the corrective measures which will be implemented to remedy the deficiencies.

Please contact Sergeant Sam Bailey or myself if you have further questions.



R. H. LUM, Captain
Special Services Commander

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: ISU	Division: GGD	Chapter: 7
Inspected by: Sgt Sam Bailey, #9917		Date: 3/16/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:

During the inspection, the following discrepancies were noted:

- Finding 1:** CHP 121s were not completed in all cases by a supervisor within 24 hours of the notification of the alleged injury or illness.
- Finding 2:** CHP 121s were not in all cases signed by the commander or his/her designee within three days of notification of the injury or illness.
- Finding 3:** CHP 121As were not completed in all cases within 24 hours of the notification of the injury, illness, or hazardous exposure.
- Finding 4:** CHP 442s were not updated in all cases within three days of notification of an employee injury, illness, or hazardous exposure.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: ISU	Division: GGD	Chapter: 7
Inspected by: Sgt Sam Bailey, #9917		Date: 3/16/2010

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Commander has reviewed applicable policy in Highway Patrol Manuel (HPM) 22.1, Command Inspections Manuel, Chapter 7, Command Illness and Injury Case Management and HPM 10.7, Injury and Illness Case Management Manual. Additionally, training will be provided to all supervisors and officers so as to alleviate delays with the proper reporting of injury and illness claims and the documentation associated with the reporting. This training will be conducted during the 2nd Quarter training day on April 15, 2010.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

On April 15, 2010, during the 2nd Quarter Unit training day all supervisors and officers will review policy within Highway Patrol Manuel (HPM) 22.1, Command Inspections Manuel, Chapter 7, Command Illness and Injury Case Management and HPM 10.7, Injury and Illness Case Management Manual. The importance of timely reporting of injury and illness and the requirements to submit them within the guidelines will be discussed with all employees.

Management and Supervisors oversight will be stressed to eliminate future deficiencies.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3/17/2010
	INSPECTOR'S SIGNATURE 	DATE 3/16/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4-13-2010

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL



COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: ISU	Division: GGD	Number: 316
Evaluated by: Sgt Sam Bailey, #9917		Date: 3/16/2010
Assisted by: Sgt Matt McCloskey #12224		Date: 3/16/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: 3-17-10
For applicable policy, refer to: HPM 10.7			
Note: A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Does the command maintain a current OSHA 300?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Remarks: Maintained by GGD.	
		Remarks: Maintained by GGD.	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Maintained by GGD.
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Maintained by GGD.
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Maintained by GGD.
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Maintained by GGD.
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The vast majority has been however on occasion delayed reporting of the injury by the employee and the completion of the necessary CHP 121 by the Supervisor was delayed for follow up clarification.
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See 15 above.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Faxed preliminary reports to SCIF
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See 15 above
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See 15 above.
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: